Deborah Ivy Commissioner, Pl. 1 Alex Quintanilla, Commissioner, Pl. 2

cityclerk@vonormytx.gov



14729 Quarter Horse P.O. Box 10 Von Ormy, Texas 78073 210-622-9935 (office) 210-622-9940 (fax)

Rusiness Permit Application

Date: Previous P	ermit Number, If Applica	ble:
Applicant Name:		
Applicant Home Address:		
Applicant Phone Number:		
Applicant Driver's License/ID Number:	State:	Exp.
Business Name:		
Registered DBA:		
Business EIN:		
Texas Sales and Use Tax Permit Number:		
Physical Location:		
Type of Entity:		
Business Contact Person:		
Business Phone:		
Business Email:		
How many individuals are employed at this business?		
Does this business carry worker's compensation insurance	ce?	
Required Documents to be Attached to this Application:		
Copy of Sales and Use Tax Permit		
Proof of Sales and Use Tax paid up to date		
Copy of Applicant Driver's License/Identificat	ion Card	
Proof of Business Liability Insurance	ion caru	
Proof of Worker's Compensation Insurance		
Proof of Building Inspection		
Proof of Fire Inspection		
Proof of Health Inspection, If applicable		
☐Certificant of Occupancy		

Received on: _	E	Ву:	